


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004644		
1. Entity Name FOUNTAINVIEW UNIFIED CONDO MANAGEMENT INC		
Principal Place of Business 1421 NE 169 STREET NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		
3. Mailing Address 16701 NE 14 AVE MAIL BOX # 210 NORTH MIAMI BEACH FLORIDA 33162 USA		

FILED

08 JUL 16 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 REIN-NP CR2E099 (1/07)

4. FEI Number 34-2053931	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDS, JOEL S 16701 NE 14 TH AVE 210 NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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REINSTATEMENT
0708 FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOEL S. RICHARDS 7/8/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEJAR, ESTHER Z 1421 NE 169 STREET NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D DORIS OCAMPO 1400 NE 169 ST # 104 N.M.B. FLORIDA 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATZMAN, SANDRA 1400 NE 169 ST UNIT 212 NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSE GUEVARA 16801 NE 14 AVE # 103 N.M.B. FLORIDA 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D MARIA WHEELER 19733 NE 12 PLACE MIAMI FLORIDA 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D MARIA SANCHEZ 1460 NE 169 ST # 201 N.M.B. FLORIDA 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600133002276 07/16/08--01013--003 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600133002356 07/16/08--01013--004 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA WHEELER 7/8/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #